



**OFFICE OF THE  
STUDENT GOVERNMENT ASSOCIATION**  
 RANDALE SCOTT, PRESIDENT . CORDECRIO GALLOWAY, VICE PRESIDENT

**SGA COMPLAINT FORM**  
*“Continuing the Legacy of Unity and Change.”*

**Date:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

**Student ID Number:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Received by: _____</p> <p>Referred to: _____</p> <p>Status: <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/> Other</p> <p>Notes: _____</p> <p>_____</p> <p>-----</p> <p><b>ADMINISTRATION REVIEW ONLY:</b></p> <p>Name: _____ Position: _____</p> <p>Name: _____ Position: _____</p>
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**Department Complaining Against:** \_\_\_\_\_

**Faculty/Staff Member Name:** \_\_\_\_\_

**Description of Complaint:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requested Solution:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_